



# Overview of School- Based Medicaid

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IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

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# SUPPORTING SCHOOLS AND STUDENTS TO ACHIEVE

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# **History of IDEA and Medicaid**

**The Medicare Catastrophic Coverage Act of 1988 (MCCA) and the Omnibus Budget Reconciliation Act of 1989 (OBRA '89)**

Allowed Medicaid to pay for health related services, including screening activities and related services based on a child's Individualized Education Plan (IEP) if the child is Medicaid eligible and if the service is covered in the state Medicaid plan.

# Role of Health and Welfare

- Oversight of all Medicaid programs rests with the Idaho Department of Health and Welfare.
- The Division of Medicaid has different units that help administer School Based Medicaid services.
  - **Policy Unit** manages existing and drafts new IDAPA rule which is then presented to interested parties for comment and ultimately up the Idaho Legislature to approve. The policy unit also conducts reviews and technical assistance to assure program compliance.
  - **Integrity Unit** monitors compliance with IDAPA rule and can perform audits of all Medicaid billings which may result in recoupment of funds if the Medicaid provider (school district) does not provide the documentation of services according to rule.

# Role of Local Education Agency (School Districts)

- Schools have an obligation to provide IDEA services whether they are billing Medicaid or not.
- IEP is always written based on the needs of the student. After the IEP is written the school will then determine if the child is eligible for a Medicaid service.
- If a LEA desires to bill Medicaid for health related services, the district must apply to become a Medicaid provider.
- Each LEA is then responsible for ensuring that all individuals who will be administering Medicaid billable services follow all applicable rules of the School-based Medicaid program.

# Education and Medicaid

- The Medicaid program provides support for children who are eligible for special education services and have specific healthcare needs that affect their educational performance as identified in their IEP.
  - \*Medicaid cannot reimburse for services identified on a 504; all Medicaid reimbursable services in the school must be identified on an IEP.**
- Medicaid benefits are allowed in the schools, but cannot be used to provide educational, recreational, or vocational activities.

# Background Checks

- Idaho Code 33-130
  - Criminal history checks for must be completed for:
    - School district employees
    - Applicants for certificates **OR**
    - Individuals having contact with students
      - (If a school contracts with community providers they need to assure that those contractors have a background check from the State Department of Education)
  - The school district is responsible for checking the Medicaid exclusionary lists (State and Federal) to assure they are not hiring a person to provide a Medicaid service who is excluded to bill Medicaid
    - <https://exclusions.oig.hhs.gov>
    - <http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IdahoMedicaidExclusionList.pdf>



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- Evaluations
  - Medical Equipment and Supplies
  - Transportation Services
  - Interpretive Services
  - Psychotherapy
  - Psychosocial Rehabilitation
  - Physical Therapy
  - Occupational Therapy
  - Speech/Audiological Therapy
  - Personal Care Services
  - Nursing Services
  - Behavioral Intervention
  - Behavioral Consultation

# **Medicaid Reimbursable Services**

**(Each service has different individual requirements for student eligibility, program and staff requirements; refer to IDAPA 16.03.09)**



# Medicaid is a Medical Model

- Medicaid will reimburse for services that are medically necessary and identified in the State Plan.
- If service eligibility criteria is based on a diagnosis Medicaid would look for a “medical diagnosis”.
- An “educational determination” does not automatically qualify a child for a service.

# Educational Determination Vs. Medical Diagnosis

- An educational determination for services is based on a finding by an IEP team that the 3-prong test has been met, establishing a need for special education.
- A medical diagnosis is based on the criteria in the DSM-V. The DSM-V is the standard reference that healthcare providers use to diagnose mental and behavioral conditions and is published by the American Psychiatric Association.

# Medical Diagnosis VS. Educational Determination

	Educational	DSM - V
<b>Guided by</b>	Individual Disabilities Education Act (IDEA)	Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
<b>Symptoms are adversely impacting</b>	Academic Functioning (Ages 3 and above)	Adaptive Functioning
<b>Performed by</b>	Team Membership defined in IDEA	Professional Diagnostic training
<b>Age</b>	3 – 21	Children and Adults
<b>Process and Method</b>	Specific evaluation process and procedures are required and methods are identified.	Not Specified: Process and procedures determined by referral concerns. Developmental or Cognitive testing for rule out of developmental delay
<b>Included</b>	<ul style="list-style-type: none"> <li>•Observation</li> <li>•Testing</li> <li>•Interview</li> </ul>	<ul style="list-style-type: none"> <li>•Observation</li> <li>•Testing</li> <li>•Interview</li> </ul>
<b>Evaluation of</b>	Child in all areas of suspected disability.	Child, Family Concerns, Stressors



# **Requirements for all Medicaid Reimbursable Services**

# Recommendation Requirements

- All services (including evaluations) must be recommended by a physician or other practitioner of the healing arts.
  - (16.03.09.850.05: **Practitioner of the Healing Arts.** A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services.)
- These recommendations must be signed and dated by the physician or other practitioner of the healing arts.
- These recommendations must be obtained prior to the provision of services
- These recommendation are effective for a period of 365 days.
  - OT/PT/SLP have additional physician order requirements.

# Physician Order OT/PT/SLP

- Physician order must include, at a minimum, the service to be provided, the frequency, and, where applicable, the duration of each therapeutic session.
- In the event that services are required for extended periods, these services must be reordered at least every 90 days.....except
- If the child has a chronic medical condition, documented by the physician, nurse practitioner, or physician assistant, there must be a reorder at least every 6 months.

IDAPA 16.03.09.733.01

# IEP and Other Service Plans

- Type, frequency, and duration of the service(s) provided
- **Title of the provider(s), including the direct care staff delivering services under the supervision of the professional**
- **Measurable goals**, when goals are required for the service
- Specific place of service

IDAPA 16.03.09.854.01



# 120 Day Review

- A documented review of progress toward each service plan goal completed at least everyone 120 days from the date of the annual plan. (IDAPA 16.03.09.854.04)
- Current IEP progress reports can demonstrate compliance with this rule as long as the report includes a “review of progress” for each goal.

# Service Detail Report

- Name of Student
- Name and title of the person providing the service
- Date, time, and duration of service
- Place of service, if provided in a location other than school
- Category of service
- Brief description of the specific areas addressed
  - \*Must correspond to the IEP goal, if applicable
- Student's response to the service when required for the service
  - \*Must correspond to the IEP goal, if applicable

# Requirements for all Services

- Documentation that supports the claim to Medicaid must be maintained by the school and must be retained for a period of 6 years. (16.03.09.854)
- Documentation of Qualifications of Providers. (16.03.09.854.05)
- Documentation that parents were notified of the health-related services and equipment (services, providers, type, location, frequency, and duration of the services) for which they will bill Medicaid. (16.03.09.854.07-08)
- Documentation that the school district provided the parent or guardian with a current copy of the child's plan and any pertinent addenda. (16.03.09.854.08.a)
- Documentation that the school requested the name of the student's primary care physician from the parent or guardian. (16.03.09.854.08.b)

# REMEMBER!!

Schools have an obligation to provide  
IDEA services whether they are  
billing Medicaid or not.

# Resources to Know and Use

- Medicaid School-Based Services website:  
[www.sbs.dhw.idaho.gov](http://www.sbs.dhw.idaho.gov)
- Idaho Training Clearinghouse website:  
[www.idahotc.com](http://www.idahotc.com) (Topics, School-Based Medicaid)
- Molina: [www.idmedicaid.com](http://www.idmedicaid.com) (Provider handbooks, Information Releases, Fee schedule links, ICD-10 information, etc.)
- Children's Developmental Disability Services website:  
[www.childrensddservices.dhw.idaho.gov](http://www.childrensddservices.dhw.idaho.gov) (Habilitation Intervention criteria)



# QUESTIONS???



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